

**Harrison County Adult Detention Center****Inmate Grievance Form**

To: Grievance Officer

From: Michael Tanner 282768

Inmate Name

Docket #

A-E

Unit

Date: 6-6-07

This is a grievance concerning:

Mr. Bartley Sanitation Supervisor, on 5-17-07  
 Mr. Bartley told me to grab a case of  
 Bottled Water And follow him, I grabbed the  
 Case of Water And proceeded to follow him.  
 We got to Central Control door way And had  
 to Wait for the officer in Central to open the  
 door. the Work Center trustees Were Standing  
 In front of Central holding Window, I Seen A  
 trustee I Knew So I Went to talk to him  
 Well Mr. Bartley Started Jumping up & down, screaming  
 for me to get my ASS back over there. Well As  
 I Was Walking past Mr. Bartley I had the  
 Case of Water on my Left Shoulder, he Snatched  
 it off my Shoulder And A bottle of Water flew  
 up And hit me in my Left Eye. they took me  
 to medical And medical Sent me to the  
 hospital. I Need to See the doctor because  
 I Still Can't See good out of my Left Eye.

**RECEIVED**

JULY 07 2007

Michael Tanner

Inmate Signature

**Harrison County Adult Detention Center****First Step Response Form**Grievance Number 06 - 013 - 07

Type or use ball-point pen. You must return your response to the Grievance Officer within 10 days of the date the request was initiated.

To: Michael Tanner 282768

Inmate Name and Docket Number

A-E

Housing Unit

From: CAPTAIN McGRAWPerson to whom 1<sup>st</sup> Step is DirectedSERVICES

Title/Location

THE SITUATION THAT YOU DESCRIBE, COULD  
NOT BE SUBSTANTIATED.

IF YOU NEED TO SEE A DOCTOR, YOU MUST  
FILL OUT A MEDICAL REQUEST, IF IT IS  
AN EMERGENCY - THEN CONTACT AN OFFICER  
OR SUPERVISOR OVER YOUR HOUSING UNIT

6-11-07

Date

MCA

Signature

If you are not satisfied with this response, you may go to Step 2 by filling out the second step section of Form IGF-1 and sending copies of Step 1 and Step 2 to the Warden. It must be received in the Warden's office within 5 days of the date of this response.

**Instructions to respondent:** Send original IGF-1 with IGF-2 to the Grievance Officer. **Note:** A copy of all documents referenced in the response must be attached and returned to the Grievance Officer.

**Instruction to Inmate:** This original is for you to keep.

Inmate's Original

**Harrison County Adult Detention Center**

APPROVED JUN 21 2007

**Inmate Relief Request Form**Grievance Number 06 - 013 - 07

Type or use ball-point pen.

To: Captain McGowin  
First Step RespondentHCADC / HCWC  
Location – Circle OneFrom: Michael Tanner 282768  
Inmate's Name and Docket NumberA-15  
Housing Unit5-17-07

Date of Incident

Accepted This request comes to you from the Grievance Officer. See the attached request from the inmate. Please return your response to this office within 10 days of this date.

Rejected Your request has been rejected for the following reason(s):

YOUR GRIEVANCE IS WITHOUT  
MERIT

6-12-07

Date

Deborah Whettle

Grievance Officer

**Second Step**

On 6-12-07 (date), I received a written response to my First Step request. I am not satisfied with this response because:

(A) Regarding Substantiated the "S" tuation "I have been injured possibly permanently by a hostile act that would be construed AS ASSAULT AND BATTERY outside these walls by An Employee of Harrison County, This situation was witnessed over

Therefore, I am commencing the Second Step by sending this form and the First Step response (IGF-2), to the Warden. This request must reach the Warden's office within 5 days of my receiving the First Step response.

6-12-07

Date

Michael Tanner

Signature

by Several People, At Least one of whom will be  
Case 1:07-cv-00913-RHW Document 1-2 Filed 07/02/07 Page 4 of 5  
More than willing to make a statement "Substantiating"  
what I stated in the grievance form. I am formally asking  
you to further investigate this and to provide me with  
additional medical evaluation. And (B) in response to your  
statement regarding my filling out a request, I did that a  
week ago and I still haven't heard back from the nursing  
staff.

**Harrison County Adult Detention Center**

Inmate Grievance Form

(IGF-3)

**Second Step Response Form**

Grievance Number 06 - 013 - 07

Type or use ball-point pen. You must return your response to the Grievance Officer within 10 days of the date the request was initiated.

To: Michael TANNER 282768

Inmate Name and Docket Number

A-E

Housing Unit

From: Warden CABANA

Warden

HCADC/HCWC

Location-Circle One

*I am advised by medical staff  
that you have received appropriate  
treatment for the irritation in your  
I.*

06-19-07

Date



Warden's Signature

This is the final step in the Inmate Grievance process.

**Instructions to Warden:** Send original and Step 2 copy to the Grievance Office.

**RECEIVED**

JUN 21 2007

**Instruction to Inmate:** This original is for you to keep.

Inmate's Original